

Date applicant replied to:

## Parking Variance Request

APPLICANT.		(Please print or type)
Affiliation:		
Contact:	Work Phone:	Alternate Phone:
Address:		Zip:
Email:		
REQUEST:		
Number of Parking Spaces:	Site Location:	
Reason for request:		
Length of need:	Times of day:	
LOCATION OF PARKING REQUESTED (Illustrate if necessary):		
	_	
OFFICE PROCESSING:		
Accepted by:		Date:
Parking Manager Approval:		
City Manager Approval:		